



**APPLICATION FOR WHOLESALE BAIT DEALERS
&
NON-RESIDENT (only) RETAIL BAIT DEALERS LICENSE**

APPLICANT:

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>Social Security #</i>
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
NAME OF BUSINESS: _____		TELEPHONE: _____	
BUSINESS ADDRESS: _____		_____	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

APPLICATION FOR

FEE

- | | | |
|---|----------|--|
| <input type="checkbox"/> Wholesale Bait Dealer / Resident | \$125.00 | |
| <input type="checkbox"/> Wholesale Bait Dealer / Non-Resident | \$250.00 | or the amount for the same type of license in the non-residents state, whichever is greater. |
| <input type="checkbox"/> Retail Bait Dealer / Non-Resident only | \$125.00 | or the amount for the same type of license in the non-residents state, whichever is greater. |

I know the rules and regulations regarding having this permit, and realize that a State Conservation Officer may inspect me at any time during business hours.

Applicant's Signature

Date

**Return application and Fee to:
IOWA DEPARTMENT OF NATURAL RESOURCES
CUSTOMER SERVICE BUREAU – LICENSING SECTION
WALLACE STATE OFFICE BUILDING
502 EAST 9TH STREET
DES MOINES, IOWA 50319-0034**